



## Emergency Ride Home Trip Summary Form

Use this form to apply for reimbursement for your Emergency Ride Home (ERH) trip. To be reimbursed for the trip, you must be an employee of a 128 Business Council Member Company. This reimbursement form (and ERH ride receipt) must be submitted within 30 days of the ERH trip. Please allow up to 60 days from receipt for review and reimbursement. Reimbursement will not be provided without a valid receipt for taxi rides, transportation network company or car rental. ERH trips will be reimbursed up to \$50 per trip, with up to 2 trips maximum per 6 month period.

*Please print information clearly.*

### Personal Information

Name: \_\_\_\_\_

Commuter's Mailing Address (Where reimbursement check will be mailed):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Employee's Company Name: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Information

Date of Emergency: \_\_\_\_\_ Time of Emergency: \_\_\_\_\_

Reason for ERH (Choose the option that applies):

Personal Illness/Emergency     Carpool/Vanpool Driver Illness/Emergency

Family Illness/Emergency     Unscheduled Overtime or Late Meeting

Other: Please Explain \_\_\_\_\_

Trip Origin Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transportation Method Used for ERH: \_\_\_\_\_ Cost for reimbursement: \_\_\_\_\_

Trip Destination Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you get to work the day of the emergency?:  Shuttle  Carpool  Vanpool  Bicycle

Transit  Walk  Other: \_\_\_\_\_

How often do you use alternative transportation to get to work?  Daily  Weekly  Monthly

Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

## Approval

Company's Employee Transportation Coordinator/Manager Name (Please print):

\_\_\_\_\_

Company's Employee Transportation Coordinator/Manager Signature:

\_\_\_\_\_

Company's Employee Transportation Coordinator/Manager Email: \_\_\_\_\_

Company's Employee Transportation Coordinator/Manager Phone: \_\_\_\_\_

By signing below, I am confirming that this trip qualified for the 128 Business Council Emergency Ride Home Program and that the information on this form is accurate, complete, and verifiable.

Commuter Signature: \_\_\_\_\_

Attach receipt for taxi, car rental, or transportation network company and mail to:

128 Business Council

Attn: ERH Program

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Questions? Contact us at:

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